



COUNTY OF LOS ANGELES
OFFICE OF THE COUNTY COUNSEL

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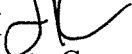
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ANDREA SHERIDAN ORDIN
County Counsel

March 18, 2010

TO: SACHI A. HAMAI
Executive Officer
Board of Supervisors

Attention: Agenda Preparation

FROM: JOHN F. KRATTLI 
Senior Assistant County Counsel

RE: **Alfredo Hernandez v. County of Los Angeles, et al.**
United States District Court Case No. CV 09-3962 R (JCx)

Attached is the Agenda entry for the Los Angeles County Claims Board's recommendation regarding the above-referenced matter. Also attached are the Case Summary and the Summary Corrective Action Plan to be made available to the public.

It is requested that this recommendation, the Case Summary, and the Summary Corrective Action Plan be placed on the Board of Supervisor's agenda.

JFK:rfm

Attachments

Board Agenda

MISCELLANEOUS COMMUNICATIONS

Los Angeles County Claims Board's recommendation: Authorize settlement of the matter entitled Alfredo Hernandez v. County of Los Angeles, et al. United States District Court Case No. CV 09-3962 R (JCx), in the amount of \$160,000, and instruct the Auditor-Controller to draw a warrant to implement this settlement from the Child Support Services Department's budget.

This lawsuit alleges violations of the Fair Credit Reporting Act by the Child Support Services Department.

CASE SUMMARY

INFORMATION ON PROPOSED SETTLEMENT OF LITIGATION

CASE NAME	Alfredo Hernandez v. County of Los Angeles, et al.
CASE NUMBER	CV 09-3962 R (JCx)
COURT	United States District Court
DATE FILED	06/03/2009
COUNTY DEPARTMENT	Department of Child Support Services
PROPOSED SETTLEMENT AMOUNT	\$ 160,000
ATTORNEY FOR PLAINTIFF	Louis P. Dell Law Office of Louis P. Dell
COUNTY COUNSEL ATTORNEY	Lauren M. Black Principal Deputy County Counsel Social Services Division
NATURE OF CASE	Plaintiff alleges CSSD incorrectly verified as correct two delinquent child support obligations which showed Plaintiff to be delinquent on his child support payments.
PAID ATTORNEY FEES, TO DATE	\$ 24,767
PAID COSTS, TO DATE	\$ 0



Summary Corrective Action Plan

The intent of this form is to assist departments in writing a corrective action plan summary for attachment to the settlement documents developed for the Board of Supervisors and/or the County of Los Angeles Claims Board. The summary should be a specific overview of the claims/lawsuits' identified root causes and corrective actions (status, time frame, and responsible party). This summary does not replace the Corrective Action Plan form. If there is a question related to confidentiality, please consult County Counsel.

Date of incident/event:	June 2006 – March 2009; March 20, 2009
Briefly provide a description of the incident/event:	Lawsuit stems from the manner in which the Department investigated the plaintiff's dispute of the child support arrears balance which was reported to the major credit reporting agencies.

1. Briefly describe the **root cause(s)** of the claim/lawsuit:

The Department's investigation resulted in the Department representing that the plaintiff owed child support arrears when he did not, in fact, owe support arrears.

2. Briefly describe recommended corrective actions:
(Include each corrective action, due date, responsible party, and any disciplinary actions if appropriate)


The Department will revise various procedures, provide training, and take appropriate disciplinary action.

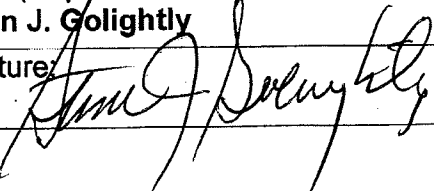
3. State if the corrective actions are applicable to only your department or other County departments:
(If unsure, please contact the Chief Executive Office Risk Management for assistance)

- ☐ Potentially has County-wide implications.
- ☐ Potentially has an implication to other departments (i.e., all human services, all safety departments, or one or more other departments).
- ☒ Does not appear to have County-wide or other department implications.

Name: (Risk Management Coordinator)
Fesia A. Davenport, Chief Attorney

County of Los Angeles
Summary Corrective Action Plan

Signature: 	Date: 3/4/2010

Name: (Department Head) Steven J. Golightly	
Signature: 	Date: March 9, 2010

Chief Executive Office Risk Management

Name:	
Signature:	Date: